

TP

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

		Application Number	10/723,460
		Filing Date	November 26, 2003
		First Named Inventor	Kovach, Louis G.
		Art Unit	2837
		Examiner Name	Unassigned
Total Number of Pages in This Submission	5	Attorney Docket Number	021755-000500US

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	1. Return Postcard; and
<input checked="" type="checkbox"/> Supplemental Information Disclosure Statement (2 pgs) w/attached PTO/SB/08B (1 pg), citing references 1-2.	<input type="checkbox"/> Request for Refund	2. A copy of each of 2 cited references.
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

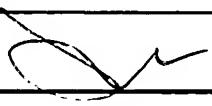
* Note: References not included in the total number of pages above.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Townsend and Townsend and Crew LLP	
	Kent J. Tobin	
Signature		
Date	11/19/04	

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	TIFFANY WU		
Signature		Date	11/19/04

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

By:

Tiffany Wu

PATENT
Attorney Docket No.: 021755-000500US



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Louis G. Kovach, II, et al.

Application No.: 10/723,460

Filed: November 26, 2003

For: MODEL RAILROAD VELOCITY
CONTROLLER

Examiner: Unassigned

Art Unit: 2837

SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The references cited on attached form PTO/SB/08B are being called to the attention of the Examiner. Copies of the references are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no

representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

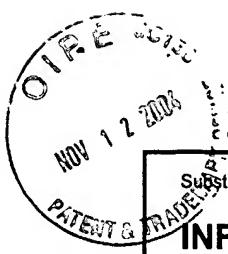
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



Kent J. Tobin
Reg. No. 39,496

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60350009 v1



<div style="display: flex; align-items: center; justify-content: space-between;"> <div style="flex: 1;"> <p>TRADE MARK EXAMINER</p> <p>Substitute for form 1449B/PTO</p> <p>INFORMATION DISCLOSURE STATEMENT BY APPLICANT</p> <p>(use as many sheets as necessary)</p> </div> <div style="flex: 1; text-align: right;"> <p>Complete if Known</p> </div> </div>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><i>Application Number</i></td> <td style="width: 50%; padding: 5px;">10/723,460</td> </tr> <tr> <td style="padding: 5px;"><i>Filing Date</i></td> <td style="padding: 5px;">November 26, 2003</td> </tr> <tr> <td style="padding: 5px;"><i>First Named Inventor</i></td> <td style="padding: 5px;">Kovach, Louis G.</td> </tr> <tr> <td style="padding: 5px;"><i>Art Unit</i></td> <td style="padding: 5px;">2837</td> </tr> <tr> <td style="padding: 5px;"><i>Examiner Name</i></td> <td style="padding: 5px;">Unassigned</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"><i>Attorney Docket Number</i></td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;">021755-000500US</td> </tr> </table>		<i>Application Number</i>	10/723,460	<i>Filing Date</i>	November 26, 2003	<i>First Named Inventor</i>	Kovach, Louis G.	<i>Art Unit</i>	2837	<i>Examiner Name</i>	Unassigned	<i>Attorney Docket Number</i>		021755-000500US	
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021755-000500US															
Sheet	1	of	1												

Examiner Signature		Date Considered	
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EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.